	7 195 0		IVISION OF HE			•	4	120	20
		SIAND		FICATE OF DEA	•		File No	- GG	70 [4 4
BIRTH NO.		REG. DIST.	. NO. <u>/47</u>	PRIMARY REG. DIST.					111
I. PLACE OF DE	ATH	 .		2. USUAL RESID	ENCE (V	Vbere deceased liv	ed. If Inc	rtitution: 1	widence b
a. COUNTY JACKSON				a. STATE MISSOURI		b. COU	NTY		edusia G
b. CITY (If outside eq	courate limite, write R	TIRAL and else	c. LENGTH OF	c. CITY (If outside cor			CKSON		U CO
OR	SAS CITY	townshi	ip) STAY (in this place)	all OR	S CITY		1 give town	mpid)	9
d. FULL NAME OF	(If not in hospital or in	nstitution, give str	rest address or location)	d. STREET		give location)			
INSTITUTION	GENERAL H			II ADDRESS		e Street			
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE ((Month)	(Day)	(Year
(Type or Print)	RACHEL			KELLY	ı	OF	•		
	COLOR OR RACE	I 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year	OVEME		<u> 195</u>
· · · · · · · · · · · · · · · · · · ·		WIDOWED,	NEVER MARRIED, DIVORCED (Specify)	i		last birthday)	Months		TOURS M
FEMALE \	NEGRO	SING		SEPTEMBER 9		37	<u> </u>		1
10a. USUAL OCCUPATION done during most of working	ON (Give kind of work	10b. KIND OF	F BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign o	ountry)		12. CITIZ	EN OF W
HOME	asan II tarriag)	1	DUSIKT	HENRIETTA.	OKT.4F	IOMA /	ŀ	COUNT	
3a. FATHER'S NAME		13ь.	MOTHER'S MAIDEN	·		E OF HUSBAND	OR WIE	U. S.	
WADLEY KELL			HAILBY —			-	OR WIF	•	
	·	1		_	<u> </u>	-			
IS. WAS DECEASED EVE (Yes. no. or unknown) (If	.rs in U.S. ARMED F yea, give war or dates ∈	of service)	SOCIAL SECURITY	17. INFORMANT'	5 SIGNA	TURE OR NA	ME	A	DDRES
				DAISY DANIE	LS 18	16 Grove	Stre	et	
18. CAUSE OF DEATH			MEDIÇAL C	ERTIFICATION				INTERV	AL BETW
Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO DIRECTLY LEAD!	ONDITION ING TO DEATH*	(a)CTRRHOS	SIS OF LIVER W	ITH			ONSET	AND DEA
• (T) / () - () - () - ()	ANTECEDENT CA	USES							
*This does not mean he mode of dying, such	1		DUEXTO: (M SEV	ERE JAUNDICE					
us heart failure, asthenia,	Morbid conditions rise to the above ca	iuse (a) stating	TOTAL AN						 -
tc. It means the dis-	the underlying cau	ae tost.		•				Ī	
are, injury, or complica-	II OTHER CICHE		DUE TO (c)					·	<u> </u>
	11. OTHER SIGNIF Conditions contribu	uting to the death		•				1 ./(/	11
ton which caused death.	related to the diana	te or condition	using death					1 40	7 -
	related to the diseas	se or condition ca	using death.			. ,		150	OPPO
	related to the diseas	se or condition ca	using death.	· · · · · · · · · · · · · · · · · · ·				20. AUT	
	related to the diseas	se or condition ca DINGS OF OPER	rueing death. RATION			<u> </u>	, · 	YES [□ NO
19a. DATE OF OPERATION	related to the disease 19b. MAJOR FIND (Specify) 2	se or condition car DINGS OF OPER 21b. PLACE OF IN	RATION JURY (e.g., in or about	21c. (CITY, TOWN, OR 1	TOWNSHIP) (COL	JNTY)	YES [TATE)
19a. DATE OF OPERA- TION	related to the disease 19b. MAJOR FIND (Specify) 2	se or condition car DINGS OF OPER 21b. PLACE OF IN	rueing death. RATION	21c. (CITY, TOWN, OR 1	FOWNSHIP) (col	(үти	YES [☐ NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	related to the disease 19b. MAJOR FIND (Specify) 2 h	or condition on DINGS OF OPER DID. PLACE OF IN home, farm, factory	NJURY (e.g., in or about r, street, office bidg., etc.)	21c. (CITY, TOWN, OR 1) (င္တာ၊	JNTY)	YES [□ NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TICK	related to the disease 19b. MAJOR FIND (Specify) 2 h	DINGS OF OPER 21b. PLACE OF IN home, farm, factory Hour) 21e. IN	NURY (e.g., in or about , street, office bldg., etc.)) (COL	ЈИТҮ)	YES [□ NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	related to the disease 19b. MAJOR FIND (Specify) 2 (Day) (Yaw) (C	DINGS OF OPER DINGS	NURY (e.g., in or about , street, office bidg., etc.)	211. HOW DID INJURY	OCCUR1			YES (S	NO NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	related to the disease 19b. MAJOR FIND (Specify) (Part) (P	DINGS OF OPER BID. PLACE OF IN LOWER SATING LANGUAGE HOUR) WHILE WORK the deceased fr	NJURY (e.g., in or about r, street, office bidg., sto.) NJURY OCCURRED AT NOT WHILE OF THE STORY OF THE ST	21f. HOW DID INJURY	OCCUR?		at I las	YES (S	NO NO
Pla. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pla. TIME OF INJURY (Month)	related to the disease 19b. MAJOR FIND (Specify) (Part) (P	DINGS OF OPER BID. PLACE OF IN LOWER SATING LANGUAGE HOUR) WHILE WORK the deceased fr	NJURY (e.g., in or about r, street, office bidg., sto.) NJURY OCCURRED AT NOT WHILE OF THE STORY OF THE ST	21f. HOW DID INJURY	OCCUR?		at I las	YES (S	NO NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby, certify.	related to the disease 19b. MAJOR FIND (Specity) (Year) (Char) (The chart I attended the cha	DINGS OF OPER DINGS	SURY (e.g., in or about r, street, office bidg., etc.) NJURY OCCURRED AT NORK OFFICE AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	211. HOW DID INJURY	OCCUR?		at I las	YES (S	TATE)
Pla. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pld. TIME (Month) OF INJURY 2. I hereby, certify, the control of the c	(Specity) (Specity) (Specity) (Specity) (Specity) (Year) (Application of the disease of th	DINGS OF OPER DINGS	NJURY (e.g., in or about r, street, office bidg., sto.) NJURY OCCURRED AT NOT WHILE OF THE STORY OF THE ST	21f. HOW DID INJURY , 19 50 to 11- 8:30 Pm., from th	OCCUR?		at I las	t saw the dabove.	TATE)
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIPE (Month) OF INJURY 22. I hereby certify to alive on the control of the cont	(Specity) (Specity) (Specity) (Specity) (Specity) (Year) (Application of the disease of th	Bour) 2240	NJURY (e.g., in or about r, street, office bidg., etc.) NJURY OCCURRED AT NOT WHILE OF OR IL-10 Leath occurred at 1 (Degree or title) RAME OF CEMETER	21f. HOW DID INJURY , 19_50 to 11- 8:30Pm., from th 23b. ADDRESS 600 Eas Y OR CREMATORY 2	occurr	_, 1950_, the and on the daild Street	at I lass	t saw the dabove.	NO_TATE)
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify to alive on the control of the cont	related to the disease 19b. MAJOR FIND (Specify) (Part) (P	Bour) 220 and that de 311 8	NJURY (e.g., in or about r, street, office bidg., etc.) NJURY OCCURRED AT NOT WHILE OF OR IL-10 Leath occurred at 1 (Degree or title) RAME OF CEMETER	21f. HOW DID INJURY , 19 50 to 11. 8:30Pm., from th 23b. ADDRESS 600 Eas	occuri	_, 1950_, th and on the da id Street	at I lassite stated	t saw the d above.	NO TATE) e decea TE SIGN 1-13-
Pa. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pld. TIME (Month) OF INJURY 2. I hereby, certify, the control of the c	(Specify) (Specify) (Specify) (Part) (Part	Bour) 220 and that de 311 8	NJURY (e.g., in or about r, street, office bidg., etc.) NJURY OCCURRED AT NOT WHILE OF OR IL-10 Leath occurred at 1 (Degree or title) RAME OF CEMETER	21f. HOW DID INJURY , 19_50 to 11- 8:30Pm., from th 23b. ADDRESS 600 Eas Y OR CREMATORY 2	occuri	_, 1950_, the and on the daild Street	at I lassite stated	t saw the dabove.	NO TATE) e decea TE SIGN -13-

STATEMENT BY LICENSED EMBALMER

	Whose lighte is	s recorded	on the	TEACTOR	side (or cmra	certificate	was emp	aimeu	by me,	, or	Dy
												•
······································				**********								
working under my personal superv	ision.						Student	Embalmer	No			

Licensed Embalmer No. 2440

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN, HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.